

# ARIZONA STATE RETIREMENT SYSTEM CHANGE OF ADDRESS/NAME

SEND COMPLETED FORM TO:  
ASRS - RECORDS MGT  
PO BOX 33910  
PHOENIX, AZ 85067-3910

SOCIAL SECURITY NUMBER (OR TAX ID)		NAME: PERSON (LAST, FIRST, MIDDLE), ESTATE OR ORGANIZATION
EMPLOYER (FOR NON-RETIRED MEMBERS ONLY)		MEMBER STATUS: CHECK ONE Retired ( ) Non-Retired ( ) Other ( )
HOME TELEPHONE NUMBER ( )	BUSINESS TELEPHONE NUMBER ( )	FAX NUMBER ( )
E-MAIL ADDRESS		IF RECEIVING MONTHLY PENSION, CANCEL DIRECT DEPOSIT? CHECK ONE: Yes ( ) No ( )

## CHANGE OF ADDRESS

### MAILING ADDRESS PLEASE INDICATE BELOW WHERE YOU WOULD LIKE ASRS INFORMATION TO BE SENT:

IN CARE OF LINE (IF NEEDED)		EFFECTIVE DATE OF NEW ADDRESS
PRIMARY ADDRESS LINE		SUITE/APT NUMBER (IF NEEDED)
SECONDARY ADDRESS LINE (IF NEEDED)		
ADDITIONAL ADDRESS LINE (IF NEEDED)		COUNTY
CITY	STATE (OR COUNTRY)	ZIP CODE

### HOME ADDRESS (IF DIFFERENT FROM ABOVE)

IN CARE OF LINE (IF NEEDED)		EFFECTIVE DATE OF NEW ADDRESS
PRIMARY ADDRESS LINE		SUITE/APT NUMBER (IF NEEDED)
SECONDARY ADDRESS LINE (IF NEEDED)		
ADDITIONAL ADDRESS LINE (IF NEEDED)		COUNTY
CITY	STATE (OR COUNTRY)	ZIP CODE

## CHANGE OF NAME *A COPY OF THE LEGAL DOCUMENT ESTABLISHING THE NAME CHANGE MUST BE INCLUDED WITH THIS FORM FOR PROCESSING. DON'T FORGET TO SIGN BELOW.*

NAME CURRENTLY ON FILE WITH THE ARIZONA STATE RETIREMENT SYSTEM:

PLEASE CHANGE MY NAME TO:

SIGNATURE	DATE
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